

TOWN OF AMHERST APPLICATION FOR A TAXI DRIVER/CHAUFFEUR LICENSE

To the Local Permit Agent:	Date: 08 - 1 - 200 4
The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:	
NAME: FAISAL GHAFOOR	
ADDRESS: 26, MASSASOTT PLACE, SPRINGFIELD	
MA, Ollo7	·
TELEPHONE: 413-657-0120	3
NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: 20th 90 Taxi	
DATE OF BIRTH: 11-01-1979 SOCIA	L SECURITY #:
HEIGHT: 5-10 WEIGHT: 126P HAIR: Black EYES: Brown	
DRIVER'S LICENSE #: <u>\$87366818</u>	
DATE OF EXPIRATION: $1 - 0 - 3$	510,
I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS. APPLICANT'S SIGNATURE:	
APPROVED/NOT APPROVED: Manhael X	29-18-25-09
The Chief of Police	Date
Date Approved/Denied:	License #
Remarks:	